no leukocytosis, and low albumin (2.8g/dL). The tumor marker work-up showed high Carcinoembryonic antigen (12.3 ng/mL) and high specific prostate antigen (21.5ng/mL). A colonoscopy was performed and showed an ulcerative rectal mass. The pathology report from an endoscopic biopsy indicated adenomatous mucosa without dysplasia. Computed tomography and a magnetic resonance image of pelvis were taken. The films showed a large cystic lesion (4.4cm in diameter) and solid component between the prostate and the rectum. The origin could not be identified from the images. A transrectal ultrasound-guided cyst aspiration and tumor biopsy with prostate biopsy were then performed. The pathology report indicated adenocarcinoma with moderate to poor differentiation. The immunohistochemical stains showed mucicarmine(+), CK(+), CK7(+), CK20(-), CDX2(-), PSA(-), androgen receptor(-), TTF-1(-), CEA(+), and CA125(+). These are typical pathological findings of primary adenocarcinoma of the seminal vesicles.
Conclusion: Primary adenocarcinoma of the seminal vesicles is a very rare neoplasm. It is difficult to be diagnosed by medical physicians or even urologists. We want to share the images and our experience with colleagues in clinical work to improve the investigation of similar cases.

NDP019:
RARE CARE REPORT: PRIMARY LEIOMYOSARCOMA OF THE ADRENAL GLAND AND LITERATURE REVIEW

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Purpose: The primary adrenal leiomyosarcoma is quite rare clinically. We report a 61 years old female coming to our hospital for right flank pain and the image revealed a right suprarenal advanced tumor lesion with liver invasion. The pathology revealed the rare tissue type. We would share the experience of the diagnosis, clinical course and a review of the associated literature.
Materials and Methods: A 61 years old female came to our hospital for right intermittent flank pain. The physical exam just revealed mild Rt knocking pain and no palpated mass or nodule. The song exam disclosed the right suprarenal mass. So the computed tomography (CT) was arranged and one 4 x 5 cm adrenal tumor with liver invasion was suspected. Besides, the associated laboratory exams for endocrine function were normal. Therefore she was admitted for further surgical intervention. The radical adrenalectomy was done through tradition open method. The tumor with invaded hepatic tissue was resected. The patient was recovered soon and discharge 5 days after operation. The histopathological exam revealed the mass as leiomyosarcoma, FNCLCC grade, involving the periadrenal soft tissue and liver tissue. The tumor recurrence was noted through following exam 3 months later.
Results and Discussion: The leiomyosarcomas are not common type cancer and it is around 5-10% of soft tissue sarcomas. The leiomyosarcoma is mainly differentiated from smooth muscle, so it is most noted from uterus, gastrointestinal system, the vascular walls and the skin. Therefore the primary adrenal leiomyosarcoma is more rarely in the past record. In our case, the CT revealed an irregular margin mass, low attenuation on non-enhanced but heterogenous change on enhanced images. The histopathological exam reveal leiomyosarcoma, FNCLCC grade 2, with invasion with periadrenal soft tissue and liver tissue. The IHC stains reports: SMA(+), desmin(+), H-caldesmon(+), S100(-) and CD34(-). The Mitotic Rate is 18/10 high-power fields (HPF). Review of the recently associated literature, only 14 cases of primary leiomyosarcoma of the adrenal gland have been reported. The Kanthan et al. reported only one case in 94 cases of adrenal incidentaloma retrospectively. The etiology is not clear but a few studies have suggested that HIV and Epstein Barr virus may be etiologic roles. The adrenal leiomyosarcoma rarely metastasize to regional lymph nodes, but with metastases most frequently observed in the lungs and liver. The effects of radiation and chemotherapy are limited, so the radical surgical resection is the most effective treatment. In our case, it is advanced condition for liver invasion. The further treatment for local advanced or distal metastatic condition is necessary for more literature analysis.

NDP020:
A CASE OF ANASTOMOSING HEMANGIOMA OF KIDNEY AND LITERATURE REVIEW

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Purpose: Renal anastomosing hemangioma is an extremely rare vascular neoplasm, with good prognosis after surgical resection. Anastomosing hemangioma most commonly occurred in middle-aged people, with an average age of 52.6 years old. The incidence showed no difference in both sex, and most patients are asymptomatic. It is difficult to diagnose the disease via simple biopsy, because the pathological features sometimes mimick malignant diseases such as angiosarcoma. To differentiate the disease from other malignancies is important because the choices of treatments and outcomes are totally different. In anastomosing hemangioma, physicians aim to preserve the maximal renal function during the surgery, while other malignancies such as angiosarcoma should be considered achieving the best oncologic outcome in priority.
Case report: A 58-year-old man with history of focal segmental glomerulosclerosis. He was under regular followed up at our Nephrology OPD. Incidental finding of protruding mass over cortex of left kidney was noted by sonogram. He was then referred to our GU OPD for further management. CT was performed and an heterogenous enhancing mass about 3.5 x 3.3cm at upper pole of right kidney was noted. Renal cell carcinoma or oncocytoma were considered first. We suggested robotic-assisted partial nephrectomy (RaPN) to the patient and he agreed. The surgery was performed on 6th, January, 2016. However, during the surgery, the tumor wasn't excised completely due to difficult approach. Some portion of the tumor was collected, and sent to to our pathologist for frozen section biopsy during the operation, and the report came out probable renal cell carcinoma. To avoid disease recurrence, we performed robotic-assisted radical nephrectomy insetad after well-explained and discussed with the family. The surgery was done smoothly, and the patient tolerated and recovered well. The final pathology turned out anastomosing hemangioma. We explained the good prognosis to him and he is now under our OPD follow-up. No evidence of disease was noted for 3 months.

NDP021:
PRIMITIVE NEUROECTODERMAL TUMOR OF KINDEY WITH IVC THROMBOSIS AND LUNG METASTASIS

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Primitive neuroectodermal tumor (PNET/Ewing sarcoma) is a rare disease, which belongs to Ewing Sarcoma Family of Tumors (ESFT). Here we describe a case of PNET of kidney in a 17-year-old male adolescent, who came to our emergency department due to left flan pain and progressive enlargement of left abdomen. Initially, computed tomography scan revealed a huge cystic mass in left kidney, also magnetic resonance imaging showed IVC thrombosis and adult Wilm's tumor was suspected. Computed tomography-guided needle biopsy showed primitive neuroectodermal tumor. Patient received neoadjuvant chemotherapy under national cancer institute (NCI) protocol for Ewing sarcoma. Tumor and thrombosis had shrinkage thirty percent and suspicious lung metastatic lesions had vanished. He underwent radical nephrectomy with IVC thrombectomy and completed adjuvant chemotherapy (total 51 weeks) and radiotherapy.
Primitive neuroectodermal tumor is male preponderance and rare in children of Asian descent. PNET is an aggressive malignancy and poor prognosis, especially renal origin, multimodality treatment is usually required. We reported this case because of neoadjuvant chemotherapy was applied and patient is disease free for nearly 2 years.